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## APPLICANTS

Tonu Trump, Bandhagen, SWEDEN;

Anders Eriksson, Uppsala, SWEDEN;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/449,879 02/27/2003

WFB 10/17/05

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None WFB 10/17/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>WFB</u> Initials _____				

## ADDRESS

23117  
NIXON & VANDERHYE, PC  
901 NORTH GLEBE ROAD, 11TH FLOOR  
ARLINGTON, VA  
22203

## TITLE

Audibility enhancement

FILING FEE  RECEIVED 1190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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